BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCANATION SHEET (FOR USE\H FORM PTO-875)								SERIAL NO. APPLICANT(S, APPLIC						
	· · · · ·	(FOR US	H. Carl	FORM I	10-875)		CLAIM	L	rr(S _{F -} ,	, 				
	AS F	TLED	AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		DAIN		AS FILED		AFTER		AFTER	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.		DEP.	IND.	DEP
2	=	-						51 52					MID.	DEP
3							}	53		 		 		
5							l	54						
6	-					 	ł	55 56		 				
8								57			<u> </u>	 		
9						 	. ,	<u>58</u> 59	<u>:</u>					
10								60		 		 		
11								61						
13								62		<u> </u>				
14 15								64 -			·			
16								65						
17 18								67	~ ~~					
19		·						68 69						
20							N.	70						
21							1	71						
23								72 73				·		
24 25								74						
26								75 76						
27 ·								77						
28 29						•		78 79						
30							1	80						
31 32					·			81						
33								82 83						
34 35		- °,						84						
36								85 86						
37							ł	87				···		
38 39.								88						
40							ŀ	89. 90						
41 42							Ī	91						
43								92 93						
44							İ	94						
45								95						
47							ŀ	96 97						
48 49								98						
50_	 -			-		$\dot{\cdot}$	-	99 100						
OTAL IND.		1		1		1	ļ,	TOTAL IND.		I				J
OTAL DEP.		4	• •	← F		4	<u> </u>	OTAL DEP		4		7		-
TOTAL CLAIMS			ĺ				t	TOTAL, CLAIMS						
LÚ0 - 1360 (t	REV. 11/04)				· .		_			J.S. DEPART	MENT . CO	MMERCE	B	•